

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(For new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

P00,1832

First Named Inventor or Application Identifier

Johan Bennarsten et al,

Express Mail Label No: #

JC843 U.S.P.T.O.
09/13/00
133064

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. Specification [Total Pages 14]
 2. Drawing(s) (35USC 113) [Total Pages 3]
 3. Declaration and Power of Attorney [Total Pages 2]

a. Newly executed(original of copy)
 b. Copy from prior application (37CFR 1.63(d))
(for continuation/divisional with Box 14 completed)

[Note Box 4 Below]
i. DELETION OF INVENTOR(S)
 Signed statement attached deleting
 Inventor(s) named in the prior application,
 see 37 CFR 1.63(d)(2) and 1.33(b).

Incorporation By Reference (usable if Box 3b is checked)
 The entire disclosure of the prior application, from which a
 copy of the oath or declaration is supplied under Box 3b,
 is considered as being part of the disclosure of the
 accompanying application and is hereby incorporated by
 reference therein.

ACCOMPANYING APPLICATION PARTS

5. Assignment Papers (cover sheet & documentation)
Siemens Elema AB
 6. Letter under 37 CFR 1.41(c).
 7. English Translation Document *(if applicable)*
 8. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
 9. Preliminary Amendment
 10. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
 11. Small Entity Status (37 CFR 1.27)
 12. Certified Copy of Priority Document(s) Swedish Application No. 9904645-0 filed December 17, 1999
 13. Other: _____

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application No: /

CLAIMS AS FILED

	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) BASIC FEE \$710.00
TOTAL CLAIMS	20	9			
INDEPENDENT CLAIMS	3	1			
	ANY MULTIPLE DEPENDENT CLAIMS? (Y)ES <input checked="" type="checkbox"/> (N)O				
					TOTAL FILING FEE -> \$710.00

The Commissioner is hereby authorized to charge any additional fees which may be required in connection with this application, or credit any overpayment to ACCOUNT NO. 501-519. A duplicate copy of this sheet is enclosed.

A check in the amount of \$ 710.00 to cover the filing fee is enclosed.

15. CORRESPONDENCE ADDRESS

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DATE: December 8, 2000

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